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WESTMORLAND COUNTY COUNCIL

ANNUAL REPORT

of the

**Principal School Medical
Officer**

THE YEAR 1960



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STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer—John A. Guy, M.D., D.P.H.

School Medical Officer—R. J. K. Tallack, M.B., Ch.B., D.P.H.

Principal School Dental Officer—M. D. McGarry, L.D.S.

School Dental Officers—

A. S. Carter, M.R.C.S., L.R.C.P., L.D.S.

G. Austin, B.D.S.

G. Hutton, L.D.S.,

Speech Therapist—Hazel J. Smith, L.C.S.T. (Resigned, 31-12-60.)

SPECIAL CLINICS AND CONSULTANTS

Diseases of the Eye—

W. B. Brownlie, F.R.C.S., Underwood, Heversham.

Diseases of the Chest—Dr. W. Hugh Morton, Consultant Chest Physician, Chest Centre, Carlisle.

Dr. R. Douglas Young, Consultant Chest Physician, Lancaster and Kendal.

Consulting Psychiatrist—Dr. R. C. Cunningham, Medical Superintendent, Royal Albert Hospital, Lancaster.

County Hall, Kendal.

October, 1961.

To the Chairman and Members of the Education Committee.

ANNUAL REPORT FOR THE YEAR 1960.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report on the School Health Service for the year 1960.

Once again I have to report that the health of the Westmorland schoolchildren in general has been good. The infectious diseases on the whole have been fairly quiet. The numbers of cases of whooping cough have tended to decline, and though it is still perhaps premature I hope it is the result of the inoculation schemes. No answer has yet been found to prevent measles, which still remains one of the prime infectious diseases of childhood. This year we had a small outbreak of infectious jaundice in both North and South Westmorland, which were apparently unconnected and for which no cause could be found.

Once again we have pushed ahead with the Anti-Tuberculosis (B.C.G.) Scheme and it is gratifying to note that the number of children reacting to the test has declined and that less than 16% of the children examined during the year were found to be positive.

The vaccination programme against poliomyelitis has gone well and the response amongst the schoolchildren has been satisfactory.

I think that the most cheerful note has been sounded this year by the Dental Department, where a full complement of Dental Officers has been maintained. This has meant that the two mobile surgeries, as well as the three static surgeries, have been well employed and has made it possible for a routine dental inspection to be carried out in all the schools. The acquisition of a high-speed turbine drill has been most satisfactory.

The other school clinics have continued to function satisfactorily.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

JOHN A. GUY,

Principal School Medical Officer.

MILK IN SCHOOLS SCHEME

The Local Education Authority now enters into annual contracts with dairymen for the supply of milk to schools. The responsibility of the Principal School Medical Officer for approving the source of supply remains unaffected and it is gratifying to report that all milk now supplied to maintained schools in the county is designated, but the position cannot be regarded as entirely satisfactory until all supplies are delivered in one-third pint bottles.

County Schools.

Designation of Milk Supplied.	No. of Schools.
Tuberculin Tested ...	70
Pasteurised ...	37
	<hr/>
	107
	<hr/>

Number of schools taking milk in bulk, 21.

Independent Schools.

Tuberculin Tested ...	15
Pasteurised ...	4
Number of schools taking milk in bulk	9

By arrangement with the Council's Sampling Officer, milk supplied to schools is submitted to bacteriological and pathological examination periodically and out of 76 samples taken 17 failed to satisfy the Methylene Blue Test. No sample was unsatisfactory on the Cavy Inoculation Test.

Infestation (Uncleanliness)

During the past year 18,693 examinations were carried out by the District Nurses, and the number of children found to be infested with lice or nits was 107 compared with 57 during the previous year.

The following Table shows the incidence of infestation during the past 10 years:—

Year.	No. of examinations for uncleanliness.	No. of children found unclean.	Per cent. of children found unclean.
1951 ...	22,254	168	2.2%
1952 ...	25,817	210	2.6%
1953 ...	26,673	177	1.8%
1954 ...	27,362	120	1.5%
1955 ...	26,883	98	1.1%
1956 ..	24,789	81	1.0%
1957 ...	24,299	80	1.0%
1958 ...	21,790	100	1.4%
1959 ...	20,872	57	0.8%
1960 ...	18,693	107	1.5%

The numbers of individual pupils found unclean are expressed in the right-hand column of the foregoing Table as a percentage of the number of pupils on the registers during the respective years.

It is disappointing to have to report that, despite a reduction in the number of inspections, the number and percentage of children found verminous is the highest for five years.

Ear, Nose and Throat Conditions

The enlargement of tonsils and adenoids were second in the list of defects found at school medical inspection to require treatment, and it is interesting to note that although only 16 pupils were referred to hospital on account of nose and throat defects as a result of school medical inspection, evidence is available to show that no less than 124 children received operative treatment for this condition during the year. This no doubt reflects largely the fact that patients are now usually referred to hospital by the School Medical Officer only after repeated observation and also that many children are referred by their family doctors.

The Ministry of Education is interested in the wide variations in the proportion of children in different parts of the country who have undergone tonsillectomy and is now asking Medical Officers to record for each child seen at Periodic Inspection whether he or she has undergone the operation at any previous time. The figures observed in this County in 1960 are as follows:—

		No. examined.	No. who had had tonsillectomy.	Per- centage.
Entrants	...	998	39	3.9
Intermediate	...	882	125	14.2
Leavers	...	741	144	19.4
Others	...	219	26	12.0

Children with special defects or abnormalities are referred to the hospitals at Kendal, Lancaster and Carlisle, to be seen by the consulting surgeons. This procedure has been helpful in dealing with such cases as chronic otorrhœa, increasing deafness, infected sinuses. Sixteen cases were referred during the past year compared with 15 in the previous year. The following list illustrates the type of case referred:—

Condition.	No. of children referred.
Defective hearing ...	6
Frequent cold, sinusitis and catarrh	5
Enlarged tonsils and adenoids with other symptoms ...	5

Speech Therapy

Number of children who have attended for Speech				
Therapy	...	...	...	117
Number of attendances made	...	...	...	2,574
Number of sessions held	...	...	...	440

Almost half the time of the Speech Therapist is still devoted to work in Kendal, but clinics have also been started in Calgarth, Milnthorpe, Levens and Heversham, Orton, Appleby and Kirkby Lonsdale.

Child Guidance Clinic

By agreement with the Manchester Regional Hospital Board the services of the Medical Superintendent of the Royal Albert Hospital, Lancaster, have been made available as Consultant Psychiatrist. Dr. R. C. Cunningham has continued to undertake this work, and he holds the clinic at the Friends' Meeting House, Kendal, as required

Number of Clinics held during 1960	...	...	14
Number of attendances	...	...	15
Number of Cases	...	...	11

Minor Ailments

The minor ailments formerly dealt with at School Clinics are now seen but rarely in the schools, and such cases as do occur now usually attend their family doctor.

Skin Diseases

As will be seen from Table D on page 19, skin disease is now seldom observed amongst school-children in the County and such cases as do occur are dealt with by the family doctor; the high incidence of scabies prevalent in war-time is now a thing of the past, and the diagnostic facilities of the Mycological Department of the London School of Hygiene and Tropical Medicine, together with the installation of a Woods' Light at the School Clinic, has enabled the spread of ringworm infection to be controlled.

School Clinics

The Ministry has requested that this Report should give the location and details of the sessions held at the School Clinics recorded in Part III of Table VII on page 24, and the relevant information is given below:—

Location.	Types of Clinics.		Frequency of Sessions.
Stramongate Clinic			
Kendal	...	Dental treatment	... Daily
		Ophthalmic examination	... Fortnightly
		Speech Therapy	Daily except Mondays
Friends' Meeting House, Kendal	...	Child Guidance	... As required
U.D.C. Offices, Ambleside	...	Dental	... As required
Old First Aid Post, Appleby	...	Dental	... As required
Rugby Club, Kirkby Lonsdale	...	Speech Therapy	... Weekly.

Orthopaedic Scheme.

All cases within reasonable reach of Kendal are referred to the Orthopaedic Out-Patient Department at the Westmorland County Hospital, and Mr. Kitchin, the Orthopaedic Specialist, has undertaken to arrange for remedial exercises, etc., and follow-up treatment of these cases.

A small number of cases continued to be seen at the Out-Patient Clinics held by Dr. Bucknell at the Ethel Hedley Hospital and, by courtesy of the Cumberland Authority, at Penrith; the total cases known to have attended during the year being 50.

Number of children known to be attending other Out-Patient Departments :—

Westmorland County Hospital	...	...	277
Cumberland Infirmary, Carlisle	...	...	71

Handicapped Pupils

Under the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children require special educational treatment. These children are usually reported by the school teachers or the Educational Adviser to the School Medical Officer, who examines them and reports to the Local Education Authority. The number of cases examined during the year was 32, of whom nine were recommended for admission to Special Schools for Educationally Subnormal Pupils, one for Physically Handicapped Pupils and one for Partially Deaf Pupils.

In addition, five children were found to be ineducable and recommended for action under Section 57 (3), Education Act, 1944. Twenty-three children were found on examination not to require education in a special school, and nine were recommended for re-examination after a trial period. A copy of the report on each case is submitted to the

Education Adviser so that any special attention possible in the ordinary school may be given to those children needing it.

The object of these examinations is to place the handicapped child in a school or class where he will receive special education calculated to make the best use of his limited capabilities, or to remove from school those children whose mental condition is such that they cannot benefit from any form of education, but whilst the numbers shown above represent the limit of these cases which can be dealt with by the present staff, they in no way represent the extent of the problem. The position with regard to the placing of pupils in special boarding-schools is now much improved, and the opening of Ingwell and Higham Special Schools by the Cumberland Local Education Authority, and of Eden Grove Special School as a private venture, has enabled places to be found for most of the pupils whose parents are willing for them to attend.

A most useful administrative change was brought about by the amendment of Section 57 of the Education Act, 1944 (provided in the Mental Health Act, 1959), under which an examination carried out under either Section 34 or Section 57 of the Act may form the basis of subsequent action under either of these Sections, i.e., by way of placing the child in a Special School or by recording the child as being unsuitable for education at school.

This avoids the irritating, confusing and time-consuming re-examinations previously required.

I am indebted to the Director of Education for the figures in Table VI on pages 21 and 22.

Diphtheria Immunisation

Immunisation against diphtheria has, since 1948, been the responsibility of the County Council. The treatment is given either by the County Council medical staff or the general practitioners, at the choice of the parents, at or before the first birthday, whilst all parents are urged to consent to their children receiving a re-inforcing dose at five years old.

The success of these schemes may be judged from the fact that there were no cases of diphtheria notified among residents of the County for the thirteenth consecutive year, compared with 62 notifications and six deaths in 1942, for example. Details of children immunised during the year are given below :—

Primary Immunisation :—

Children under 1 year of age ...	...	...	640
„ aged 1—4 years ...	...	...	209
„ „ 5—14 years ...	...	...	58
			<hr/>
Total ...			907
			<hr/>

Reinforcing doses:—

Children aged	1—4 years	...	...	...	153
„	„	5—14 years	...	...	618

Total ... 771

Grand Total ... 1,678

Ultra-Violet Ray Clinics

The only Ultra-Violet Ray Clinic operating in the County during the year was at Kendal, where 28 children made 387 attendances.

Treatment of Defective Vision.

All school-children found to be suffering from refractive errors are referred for examination under the Supplementary Ophthalmic Service administered by the Executive Council under the National Health Service Act, and spectacles, where necessary, are supplied under the provisions of that Act. By arrangement with the Local Executive Council, Mr. Brownlie, the Ophthalmologist, continues to hold sessions as required at the Stramongate School Clinic, but parents are given the opportunity to make their own arrangements with opticians if they prefer it.

Children whose eye condition necessitates treatment other than the provision of spectacles are referred to the Ophthalmic Consultants at the Westmorland County Hospital or at the Cumberland Infirmary.

Total number referred for testing of vision ... 241

THE EDUCATION AREA

County of Westmorland :—

Area	...	...	...	504,917 acres.
Population (estimated mid-1960)	...	...	...	66,620
Estimated Product of 1d. Rate, 1960-61	...	...	...	£3,274
Number of Schools—Primary	...	...	...	92
Secondary	...	...	...	13
Nursery	...	...	...	1
Special	...	...	...	1
Number of Pupils (January, 1960)—	...	...	...
Primary	...	...	...	6,022
Secondary	...	...	...	3,901
Nursery	...	...	...	55
Special	...	...	...	37
				<hr/>
				10,015
				<hr/>

TUBERCULOUS CONDITIONS IN SCHOOLCHILDREN

Number of children who received in-patient treatment at the following Hospital:—

Beaumont Hospital, Lancaster	2
----------------------------------	-----	-----	---

Now that non-pulmonary tuberculous conditions are dealt with by general surgeons and physicians and do not always come to the knowledge of the Tuberculosis Officer (Chest-Physician), our knowledge of this type of case is by no means as complete as it was pre-1948. From the aspect of preventive medicine this state of affairs must be regarded as a serious defect in the National Health Service, although there is good reason for the belief that the non-respiratory forms of the disease are becoming increasingly rare, due to a considerable extent to the improved milk supplies.

B.C.G. VACCINATION OF SCHOOLCHILDREN.

Although B.C.G. Vaccination is a function of the County Council as Local Health Authority, it is reported here as the patients are schoolchildren and the work is carried out in the Schools.

Since the Spring of 1955 B.C.G. Vaccination has been available to schoolchildren between their thirteenth and fourteenth birthdays in accordance with the suggestions of Ministry of Health Circular 22/53. This scheme was extended by Circular 7/59 to include also pupils over the age of fourteen years who are still at school, college or university.

Owing to the fact that the tests must be read at 72-hour intervals and that, for practical purposes, the actual vaccination can be carried out only on Thursday, the arrangement of a programme of this work so that it does not interfere seriously with other arrangements such as regular clinics, Committee meetings, etc., nor clash with school holidays, functions and examinations, is a matter of difficulty and has become increasingly so with the advent of the poliomyelitis vaccination campaign.

The following table gives details of the work done under the scheme during 1960:—

Number Skin Tested.	Found Positive.	Vaccinated.
340	53	279

POLIOMYELITIS VACCINATION

This work is carried out under the direction of the Local Health Authority, but is reported here as a big proportion of the persons covered by the scheme are of school age.

The Poliomyelitis Vaccination Scheme announced by the Ministry of Health in January, 1956, had by the end of 1957 been extended to all children under the age of 15 years, to expectant mothers, and to persons born in the years 1933 to 1942, and it had been decided to give a third dose, not sooner than 7 months after the second. No further extension of the scheme was announced during the year, but as ample supplies of vaccine became available the main effort of the campaign was directed towards the giving of third doses to the 15—25 year old group and to those children whose names were registered late.

During the year a further 970 children of and below school age received their first dose, 1,240 received their second, and on 31st December, 1960, there remained only 200 children whose treatment had not commenced. These were mostly babies, and in all cases the consent had been received very recently. Separate figures for children who had received their third dose are not kept, but it can be stated that everyone receives an appointment within a few weeks of their becoming due for this stage of the treatment.

In the country areas particularly, it is only by using the schools as clinics that it is possible to deal with the numbers involved, with the staff available for this work. I would like to take this opportunity of repeating my thanks to the teachers for their ready co-operation in connection with the frequent visits to the schools to carry out the vaccination; without their ready forbearance the work would be impossible.

REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER.

I have the honour to present the Annual Report of the School Dental Service for the County of Westmorland for 1960. The statistical table is to be found on page 20.

Staff.—The happy position of a full establishment of dental officers, achieved in 1959, has been maintained during the year, to give us the services of four dental officers for the complete year.

Mrs. Armstrong, who has given the County many years' efficient service as a dental attendant, resigned in May and was replaced by Mrs. D. Dobson. Miss S. Brockbank resigned in November and was replaced by Miss M. Edliss.

Dental Inspection and Treatment.—Routine dental inspection of every school in the County was carried out during the year and, in addition, 27 schools with an attendance of 1,348 children, were re-inspected. This, I feel, is a milestone in the history of the County's School Dental Scheme.

The percentage of children requiring treatment has dropped considerably, which can be attributed to the increasing regularity with which inspection and treatment have been carried out over the past few years.

The treatment statistics show an over-all increase commensurate with the number of extra sessions worked as a result of the increased manpower.

Preventive Dentistry.—The four main factors influencing the dental state of children are (a) heredity, (b) the diet of the mother during pregnancy, (c) oral hygiene, (d) diet.

No significant changes in heredity factors have been noted over the past 20 years and the diets of expectant and nursing mothers have improved.

The direct relationship between increased caries incidence and improved living standards would suggest that, of the influencing factors, diet is the strongest.

Every effort is being made to convince the parents of younger children, and the older children themselves, that by restriction of the indiscriminate eating of sweets, lollies and biscuits between meals and by cleaning their teeth after meals, they can play an important part in the reduction of dental disease.

While the report of fluoridation of public water supplies in this country has not yet been published, statistics from other countries show a marked reduction in the amount of decay—but fluoridation, especially in a rural area where the majority of the population use water from private supplies, is only a partial answer to the problem. An equally powerful, and more immediately effective, answer—improved eating habits and improved oral hygiene—lies in the hands of the individual, and our efforts are directed towards ensuring that the individual makes use of it.

Clinical Accommodation.—The small self-propelled mobile clinic has been disposed of and replaced by a larger Gloster trailer-type clinic. We have had a Gloster in service in the County for the past three years and the addition of this new model now brings our facilities for the treatment of children at rural schools up to a high standard.

A high-speed turbine drill has been installed in one of our clinics and has proved itself to be a great success. The fast-cutting speed, and the freedom from vibration, have removed much of the patients' terror of the drill from conservative dentistry and, in consequence, have helped to reduce the strain on the operator.

In conclusion, I wish to thank Dr. Guy for his continued support, the teaching staff for their generous co-operation, and the dental staff for another year's continuous effort on behalf of the School Dental Service.

M. D. McGARRY.

Principal School Dental Officer.

STATISTICAL TABLES

PART I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical condition of Satisfactory		Pupils Inspected Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	103	103	100.0%	—	—
1955	625	623	99.7%	2	0.3
1954	270	270	100.0%	—	—
1953	50	50	100.0%	—	—
1952	37	37	100.0%	—	—
1951	29	29	100.0%	—	—
1950	770	768	99.7%	2	0.5
1949	112	112	100.0%	—	—
1948	47	47	100.0%	—	—
1947	27	27	100.0%	—	—
1946	29	29	100.0%	—	—
1945 and earlier	741	741	100.0%	—	—
Total ...	2840	2836	99.9%	4	0.1

B.—PUPILS FOUND AT PERIODIC INSPECTIONS TO REQUIRE TREATMENT

Age Groups Inspected (By year of Birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1956 and later	—	12	12
1955	8	71	73
1954	8	28	33
1953	3	3	5
1952	1	4	5
1951	4	3	7
1950	46	38	81
1949	6	4	9
1948	—	—	—
1947	3	2	4
1946	5	—	5
1945 and earlier	36	15	49
Total	120	180	283

C.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	95
Number of Re-Inspections	...	...	...	4,237
				—
Total				4,332
				—

TABLE D
INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	...	18,693
(ii)	Total number of individual pupils found to be infested		107
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 [2], Education Act, 1944)	...	20
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 [3], Education Act, 1944)	...	Nil.

PART II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1960.

A—PERIODIC INSPECTIONS.

		ENTRANTS		LEAVERS		Total (including other age groups)	
		Requiring Treat- ment	Obser- vation	Requiring Treat- ment	Obser- vation	Requiring Treat- ment	Obser- vation
4	Skin ..	5	20	2	13	14	47
5	Eyes—						
	a. Vision ..	17	37	36	57	120	192
	b. Squint ..	46	37	3	1	59	51
	c. Other ..	2	2	—	4	2	11
6	Ears—						
	a. Hearing ..	2	10	—	2	3	18
	b. Otitis						
	Media ..	3	16	—	6	3	27
	c. Other ..	2	6	—	—	3	8
7	Nose and Throat	10	116	2	13	19	189
8	Speech ..	8	14	1	1	13	24
9	Lymphatic						
	Glands ..	5	84	1	3	6	121
10	Heart ..	2	2	—	2	2	11
11	Lungs ..	4	21	—	7	5	43
12	Developmental—						
	a. Hernia ..	1	11	—	1	1	17
	b. Other ..	1	29	—	4	3	69
13	Othopaedic—						
	a. Posture	—	5	1	16	2	36
	b. Feet ..	9	40	2	17	17	105
	c. Other ..	13	34	2	15	23	76
14	Nervous system						
	a. Epilepsy ..	—	2	—	—	1	4
	b. Other ..	—	7	—	—	—	8
15	Psychological—						
	a. Develop- ment ..	—	15	—	1	—	26
	b. Stability ..	—	6	—	2	—	13
16	Abdomen ..	—	4	—	—	—	7
17	Other ..	6	24	2	2	15	59

PART II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1960.

B—SPECIAL INSPECTIONS.

Defect Code No.	Defect or Disease.	Requiring Treatment.	Requiring Observation.
4	Skin	—	—
5	Eyes—		.
	(a) Vision	41	21
	(b) Squint	1	1
	(c) Other	2	—
6	Ears—		
	(a) Hearing	3	4
	(b) Otitis Media	—	—
	(c) Other	—	—
7	Nose and Throat	1	2
8	Speech	5	—
9	Lymphatic Glands	—	3
10	Heart	—	—
11	Lungs	—	—
12	Developmental—		
	(a) Hernia	—	—
	(b) Other	—	—
13	Orthopædic—		
	(a) Posture	—	—
	(b) Feet	—	1
	(c) Other	—	—
11	Nervous System—		
	(a) Epilepsy	—	1
	(b) Other	—	—
15	Psychological—		
	(a) Development	—	2
	(b) Stability	—	—
16	Abdomen	—	—
17	Other	—	8

PART III

TABLE A.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

Number of cases known to have been dealt with:

External and other, excluding errors of refraction and squint ...	--
Errors of refraction, including squint ...	439
	<hr/>
Total ...	439
	<hr/>
Number of pupils for whom spectacles were prescribed ...	256

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE
AND THROAT.

Number of cases known to have been treated:

Received operative treatment:—

(a) for diseases of the ear ...	8
(b) for adenoids and chronic tonsillitis ...	99
(c) for other nose and throat conditions ...	17
Received other forms of treatment ...	27
	<hr/>
Total ...	151
	<hr/>

Total number of pupils known to
have been provided with hearing
aids:—

(a) in 1960 ...	10
(b) in previous years ...	8

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

Number of pupils known to have been treated:—

(a) Treated at clinics or out-patient departments ...	398
(b) Treated at school for postural defects ...	1
	<hr/>
Total ...	399
	<hr/>

TABLE D.—DISEASES OF THE SKIN (excluding Uncleanliness,
for which see Table D of Part I)

Number of cases known to have been treated.

Ringworm—(a) Scalp	...	...	—
(b) Body	...	...	—
Scabies	...	...	—
Impetigo	...	...	—
Other skin diseases	...	...	—
			—
Total	...		—
			—

TABLE E.—CHILD GUIDANCE TREATMENT

Number of pupils known to have been seen at Child Guidance

Clinics	11
---------	-----	-----	-----	-----	-----	----

TABLE F.—SPEECH THERAPY

Number of pupils known to have been treated by Speech

Therapists	117
------------	-----	-----	-----	-----	-----	-----

TABLE G.—OTHER TREATMENT GIVEN.

Number of cases known to have been dealt with:

(a) Pupils with minor ailments	...	...	...	—
(b) Pupils who have received convalescent treatment under School Health Service arrangements	...	...	...	—
(c) Pupils who received B.C.G. vaccination	...	...	...	279
(d) Other:				
1. Chest conditions	...	...	...	11
2. Fractures and injuries	...	...	...	13
3. Miscellaneous Medical and Surgical conditions	...	...	...	87
				—
Total	...	...	...	390
				—

NOTE.—It should be observed throughout Part III above that the figures given for treatment other than that carried out under the Authorities' arrangements can be regarded only as incomplete. Information received from hospitals varies considerably, whilst little or no information is available regarding treatment carried out in Private Nursing Homes or by general practitioners.

PART IV

DENTAL INSPECTION AND TREATMENT.

(1) Number of children who were inspected by the Authority's Dental Officers:—					
(a) Periodic	...	...	...	...	9,163
(b) Specials	...	...	...	...	460
					—
(c) Total (Periodic and Specials)	...	...	...	...	9,623
					—
(2) Number found to require treatment					5,391
(3) Number offered treatment					4,757
(4) Number actually treated					3,504
(5) Attendances made by pupils for treatment (including orthodontic cases)					7,312
(6) Half-days devoted to	{	Inspection	...	112	Total ... 1,428
		Treatment	...	1,316	
(7) Fillings	{	Permanent Teeth	...	5,061	Total ... 5,681
		Temporary Teeth	...	620	
(8) Number of teeth filled	{	Permanent Teeth	...	4,049	Total ... 4,635
		Temporary Teeth	...	586	
(9) Extractions	{	Permanent Teeth	...	1,603	Total ... 3,784
		Temporary Teeth	...	2,181	
(10) Administration of general anæsthetics for extractions					1,003
(11) Orthodontics—					
(a) Cases commenced during the year	...	...	...	...	53
(b) Cases carried forward from previous year	...	...	...	...	35
(c) Cases completed during the year	...	...	...	...	30
(d) Cases discontinued during the year	...	...	...	...	15
(e) Pupils treated with appliances	...	...	...	...	56
(f) Removable appliances fitted	...	...	...	...	58
(g) Fixed appliances fitted	...	...	...	...	—
(h) Total attendances	...	...	...	...	415
(12) Number of pupils supplied with artificial dentures					51
(13) Other operations	{	Permanent Teeth	...	830	Total ... 1,967
		Temporary Teeth	...	1,137	

TABLE VI.—RETURN OF HANDICAPPED PUPILS.

In the Calendar Year:—									
A. Handicapped Pupils newly placed in Special Schools or Homes ...									
B. Handicapped Pupils newly ascer- tained as requiring education at Special Schools or Boarding in homes ...									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
—	—	—	1	—	—	7	—	—	8
—	—	—	—	1	—	9	—	—	10
Number of children reported during the Calendar year under Section 57 (3), 5, and under Section 57 (5) of the Education Act 1944 Nil.									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
On or about 20th January 1961:—									
C. Number of Handicapped Pupils from the area—									
(i) attending Special Schools as Day Pupils ...									
Boarding Pupils ...									
—	—	—	—	—	—	—	—	—	—
4	—	2	3	—	6	13	—	—	28
(ii) were on the registers of Independent Schools (un- der arrangements made by the Authority) ...									
—	—	—	—	—	—	13	—	—	13
4	—	2	3	—	6	26	—	—	41
Total (C) ...									

TABLE VI—(Continued)

	(1) Blind (2) Partially sighted (1)	(3) Deaf (4) Partially deaf (3)	(5) Delicate (6) Physically Handicapped (5)	(7) Education- ally sub- normal (8) Mal- adjusted (7)	(9) Epi- leptic (9)	Total 1—9 (10)
D. Number of Handicapped Pupils being educated under arrange- ments made under Section 56 of the Education Act, 1944:—						
(i) In hospitals ...	—	—	—	—	—	—
(ii) In other groups ...	—	—	—	—	—	—
(iii) At home ...	—	—	—	—	—	—
E. Number of Handicapped Pupils requiring places in Special Schools:						
(i) Total—	—	—	—	—	—	—
(a) Day ...	—	—	—	—	—	—
(b) Boarding ...	—	—	—	—	—	14
(ii) Number in E (i) above who have not reached the age of five years—						
(a) Awaiting day places ...	—	—	—	—	—	—
(b) Awaiting boarding places ...	—	—	—	—	—	—
(iii) Number in E(i) above who have reached the age of five years but whose parents had re- fused consent to their admission to Special School—						
(a) Awaiting day places ...	—	—	—	—	—	—
(b) Awaiting boarding places ...	—	—	—	8	—	8
F. Number on the register of Hospital Special Schools						
						2

TABLE VII.

I.—STAFF OF THE SCHOOL HEALTH SERVICE
(excluding Child Guidance)

Principal School Medical Officer JOHN ALLAN GUY

Principal School Dental Officer: MICHAEL DESMOND McGARRY

				Number	Aggregate staff in terms of the equi- valent number of whole-time officers
Medical Officers	...	...	2	...	0.48
General Practitioners working part- time	...	...	1	...	0.32
Dental Officers	...	...	4	...	3.85
Speech Therapists	...	...	1	...	1.0
School Nurses	...	...	34	...	2.0
Number of above holding H.V. Cert.			19	...	—
Nursing Assistants	...	...	—	...	—
Dental Anæsthetist (part-time)	...	...	1	...	0.05
Dental Attendants	...	...	4	...	3.85

II.—NUMBER OF SCHOOL CLINICS (i.e., premises at which clinics are held for schoolchildren) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics ... 9 + 2 Mobile Dental Units.

III.—TYPE OF EXAMINATION AND/OR TREATMENT provided, at the School Clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the Clinic.

Examination and/or treatment	Number of School Clinics (i.e., premises) where such treatment is provided—	
	directly by the Authority.	under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals.
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment ...	—	—
B. Dental ...	5	—
C. Ophthalmic* ...	1	—
D. Ear, Nose and Throat ...	—	—
E. Orthopædic ...	—	—
F. Pædiatric† ...	—	—
G. Speech Therapy ...	8	—
H. Others (specify) ...	—	—

*Arrangements made with the Supplementary Ophthalmic Service are returned in Column (2).

†Clinics for children referred to a specialist in children's diseases.

IV.—CHILD GUIDANCE CENTRES.

Number of Child Guidance Centres provided by the Authority ... 1

Staff of Centres—	(a) Number.	(b) Aggregate in terms of the equivalent number of whole-time officers.
Psychiatrists ...	1	0.01
Educational Psychologists ...	1	0.1
Psychiatric Social Workers ...	Nil.	Nil.
Others (specify)		
Mental Health Worker ...	1	0.025

The Psychiatrist is made available by the Manchester Regional Hospital Board.